

# Princeton Dermatology Associates (PDA)

## FINANCIAL POLICY

This financial policy explains some of the common questions on how you may be responsible for payment of services.

It is your responsibility to understand your insurance benefits and how your insurance plan works.

### **Insurance Cards and Proof of Coverage:**

You must present a valid insurance card(s) at each visit.

You are responsible for payment if you do not provide updated insurance information at the time of your visit and/or your coverage has lapsed.

### **Copayments, Coinsurances, Deductibles, and Billing:**

In most cases, Copayments for a Specialist are required as part of your insurance policy. Copayments are expected at the time of service and cannot be billed at a later time.

We may balance bill you according to the explanation of benefits from your insurance carrier. If you do not agree with how your insurance processed a claim, you must contact them directly to resolve the issue. Any benefit issues are between you as the subscriber and your insurance company.

Payment is due upon receipt of statement and is expected to be paid promptly.

Any unpaid balances will be forwarded on to an outside collection agency and may incur a 33% collection fee, attorney fees and/or court costs in addition to the outstanding balance.

### **Cosmetic/Non-Covered Services:**

Cosmetic or non-medically necessary procedures vary between insurance companies and are not a covered service.

Payment in full for these procedures is expected at the time of service.

A deposit may be required in advance depending on the service.

**If you are unsure whether or not we are In-Network with your insurance plan, please discuss this with our staff before your visit. Being IN-NETWORK and having a contract with your insurance company does not guarantee payment. There can be specific plans within an insurance company with which we do not participate. You need to inquire with your insurance company if we participate with your specific plan.**

### **Non-Participating Insurance:**

**If we are NOT In-Network then we DO NOT have a contract with your insurance company.**

Payment must be rendered at the time of service.

As a courtesy, we can bill your insurance company on your behalf or provide you with the information to submit to your insurance carrier. If we submit the paid services, the carrier will be advised you made payment and instructed to make payment directly to you.

### **Referrals:**

Most HMO plans require a referral from your Primary Care Physician.

It is your responsibility to know if your insurance plan needs a referral. You are responsible to keep track of the number of visits allowed, used, and the expiration date. Even when we accept the referral your insurance company can still deny its approval. If denied, you will be responsible for payment.

If you do not obtain a referral at the time of service, and still choose to be seen, you will be responsible for payment for the visit.

PPO or POS insurance plans do not require a referral. However, some POS plans provide more benefit payments if you do obtain a referral. You are responsible to know your insurance policy guidelines.

### **Minor Age Patients of Parents/Guardians Who Reside Separately:**

A divorce decree is a legal and binding document only to the parties who sign the decree which does not include PDA.

The parent/guardian who signs this financial policy is responsible for payment. However, in the event of a default in payment, both parents/guardians are held legally responsible.

**Medicare Patients:**

Your valid Medicare and supplemental insurance cards must be presented at each visit.

Each year, Medicare has an **annual deductible** that you will be required to satisfy in addition to the 20% co-insurance which Medicare does not pay.

We will submit the claim to Medicare on your behalf.

You will be required to pay any balance due after all insurances have processed the claim and in accordance with Medicare's guidelines.

**Medicaid Patients:**

We are not contracted with any type of Medicaid plan, and can not see any patient with any type of Medicaid coverage.

**Biopsy Charges:**

Your biopsy will be sent to an outside laboratory for processing and reading.

These services are not provided by Princeton Dermatology Associates and there is an additional fee charged by the outside lab for the processing and reading of your biopsy.

You may receive a bill from the laboratory and are responsible for payment.

**Appointments:**

When making an appointment please inform us of the reason for your visit.

You will receive a reminder phone call from an automated attendant or staff member.

If you arrive more than 15 minutes late, your appointment may need to be rescheduled.

We require 24 hours advance notice when cancelling an appointment.

At PDA's discretion, there may be a \$30.00 charge for a missed appointment without 24 hour notice.

**Assignment of Benefits:**

I hereby assign directly to Princeton Dermatology Associates (also known as PDA) as my designated and authorized representative, all medical benefits and/or insurance reimbursement, if any; otherwise payable to me for services, treatments, therapies, medications, and/or products rendered or provided by PDA regardless of the managed care network participating status. I understand I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize PDA to release all medical information necessary to process my claims. Further, I hereby authorize my plan administrator, fiduciary, insurer, and/or attorney to release to PDA any and all Plan documents, summary, benefit description, insurance policy, and/or settlement information upon written request from PDA or its attorneys in order to claim such medical benefits.

**Telephone Consumer Protection Act (TCPA):**

You agree, in order for us to service your account or to collect monies you may owe, PDA and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless numbers which could result in charges to you. We may also contact you by sending text messages or emails, using any email address or wireless numbers you provided to use. Methods of contact may include using pre-recorded/artificial voice message and/or use of automatic dialing devices, as applicable.

**Thank you for your understanding of our financial policy. If you have any questions or concerns, please speak to our staff.**

I have read this Financial Policy and have asked any questions that I had.  
I understand and agree to the Financial Policy of Princeton Dermatology Associates.

\_\_\_\_\_  
Signature of Patient or Responsible Party

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Name of Patient (Print)

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Relationship of Responsible Party

\_\_\_\_\_  
Date